

Exhibitor Agreement

Activity Title:	39th Annual Family Medicine Review
Activity Date:	April 3-5, 2023
Location:	Doubletree Hotel, 6505 IH 35 North Austin, TX 78752
Company Name <i>(as it should appear on acknowledgements)</i>	
Contact Person	
Email Address	
Telephone Number	Office: _____ Cell: _____
Name of Representative(s) Attending	
Exhibit	<p><u>\$2,500.00 Exhibit Fee</u> Each exhibit space includes a 6' tabletop exhibit space and two chairs.</p> <p><input type="checkbox"/> I need electricity.</p> <p><input type="checkbox"/> Special Needs: If you need any of the auxiliary aids or services identified in the Americans with Disabilities Act, please check here () and we will contact you.</p>
Submit Payment Online	<p>https://ce.bswhealth.com/2024FamMedReview - Exhibitor Tab</p> <p>Federal Tax Identification Number: 46-3131350</p>
Email the completed form to	Susan.Mraz@BSWHealth.org
If you are paying by check, please mail to this address.	<p>Baylor Scott and White Health A Webb Roberts Center for Continuing Medical Education Susan Mraz CME Coordinator 2401 S 31st Street – MS-26-A443, Temple, TX 76508 Office: 214-724-7609 Fax: 214-820-4169</p>

Signature of authorized company representative

Signature AWRC representative

Printed Name of authorized company representative

Printed Name of AWRC representative

Date

Date